

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5	1					
6		1				
7		2				
8	1					
9		1				
10		2				
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	2					
18	2					
19	2					
20	2					
21	2					
22	1					
23	1					
24	2					
25	1					
26	1					
27	1					
28	1					
29	4					
30	1					
31	4					
32	1					
33	2					
34	2					
35	5					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	54					
TOTAL CLAIMS	61					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						